



**Department of Veterans Affairs
Office of Inspector General**

Office of Healthcare Inspections

Report No. 13-03423-55

**Community Based Outpatient Clinic
and Primary Care Clinic Reviews
at
Southeast Louisiana
Veterans Health Care System
New Orleans, Louisiana**

February 4, 2014

Washington, DC 20420

To Report Suspected Wrongdoing in VA Programs and Operations

Telephone: 1-800-488-8244

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(Hotline Information: www.va.gov/oig/hotline)

Glossary

ADA	Americans with Disabilities Act
AUD	alcohol use disorder
CBOC	community based outpatient clinic
DWHP	designated women's health provider
EHR	electronic health record
EOC	environment of care
FY	fiscal year
MH	mental health
MI	motivational interviewing
MM	medication management
NM	not met
OIG	Office of Inspector General
PACT	Patient Aligned Care Teams
PCC	primary care clinic
RN	Registered Nurse
VHA	Veterans Health Administration
VISN	Veterans Integrated Service Network
WH	women's health

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Executive Summary

Review Purpose: The purpose of the review was to evaluate selected patient care activities to determine whether the community based outpatient clinics (CBOCs) and primary care clinics (PCCs) provide safe, consistent, and high-quality health care for our veterans. We conducted site visits during the week of December 9, 2013, at the following CBOCs which are under the oversight of the Southeast Louisiana Health Care System and Veterans Integrated Service Network 16:

- Bogalusa VA Outpatient Clinic, Bogalusa, LA
- St. Johns VA Outpatient Clinic, Reserve, LA

Review Results: We conducted four focused reviews and had no findings for the Designated Women's Health Providers' Proficiency review. However, we made recommendations in the following three review areas:

Environment of Care. Ensure that:

- The Bogalusa VA Outpatient Clinic designates handicap-accessible parking spaces as required by the Americans with Disabilities Act.

Alcohol Use Disorder. Ensure that CBOC/PCC:

- Consistently complete diagnostic assessments for patients with a positive alcohol screen.
- Registered Nurse Care Managers receive motivational interviewing and coaching training within 12 months of appointment to Patient Aligned Care Teams.

Medication Management. Ensure that CBOC/PCC staff:

- Document that medication reconciliation was completed at each episode of care where the newly prescribed fluoroquinolone was administered, prescribed, or modified.
- Document the evaluation of each patient's level of understanding for the medication education provided.

Comments

The VISN and Facility Directors agreed with the CBOC and PCC review findings and recommendations and provided acceptable improvement plans. (See Appendixes C and D, pages 14–18, for the full text of the Directors' comments.) We will follow up on the planned actions until they are completed.



JOHN D. DAIGH, JR., M.D.
Assistant Inspector General for
Healthcare Inspections

Objectives, Scope, and Methodology

Objectives

The CBOC and PCC reviews are an element of the OIG's efforts to ensure that our Nation's veterans receive high-quality VA health care services. As such, the CBOC and PCC reviews are recurring evaluations of selected primary care operations that focus on patient care quality and the EOC. In general, our objectives are to:

- Determine whether the CBOCs are compliant with EOC requirements.
- Determine whether CBOCs/PCCs are compliant with VHA requirements in the care of patients with AUD.
- Determine compliance with requirements for the clinical oversight and patient education of fluoroquinolones for outpatients.
- Evaluate if processes are in place for DWHPs to maintain proficiency in WH.

Scope

To evaluate for compliance with requirements related to patient care quality and the EOC, we conducted onsite inspections, reviewed clinical and administrative records, and discussed processes and validated findings with managers and employees. The review covered the following four activities:

- EOC
- AUD
- MM
- DWHP Proficiency

The scope of this review is limited to the established objectives. Issues and concerns that come to our attention that are outside the scope of this standardized inspection will be reviewed and referred accordingly.

Methodology

The onsite EOC inspections were only conducted at randomly selected CBOCs that had not been previously inspected.^a Details of the targeted study populations for the AUD, MM, and DWHP Proficiency focused reviews are noted in Table 1.

^a Includes 93 CBOCs in operation before March 31, 2013.

Table 1. CBOC/PCC Focused Reviews and Study Populations

Review Topic	Study Population
AUD	All CBOC and PCC patients screened within the study period of July 1, 2012, through June 30, 2013, and who had a positive AUDIT-C score ^b and all providers and RN Care Managers assigned to PACT prior to October 1, 2012.
MM	All outpatients with an original prescription ordered for one of the three selected fluoroquinolones from July 1, 2012, through June 30, 2013.
DWHP Proficiencies	All WH primary care providers designated as DWHPs as of October 1, 2012, and who remained as DWHPs until September 30, 2013.

In this report, we make recommendations for improvement. Recommendations pertain to issues that are significant enough to be monitored by the OIG until corrective actions are implemented.

The review was done in accordance with OIG standard operating procedures for CBOC and PCC reviews.

^b The AUDIT-C is a brief alcohol screen that reliably identifies patients who are hazardous drinkers or have active AUDs. Scores range from 0-12.

Results and Recommendations

EOC

The purpose of this review was to evaluate whether CBOC managers have established and maintained a safe and clean EOC as required.¹

We reviewed relevant documents and conducted physical inspections of the Bogalusa and St. Johns VA Outpatient Clinics. The table below shows the areas reviewed for this topic. The area marked as NM did not meet applicable requirements and needed improvement.

Table 2. EOC

NM	Areas Reviewed	Findings
	The CBOC's location is clearly identifiable from the street as a VA CBOC.	
	The CBOC has interior signage available that clearly identifies the route to and location of the clinic entrance.	
X	The CBOC is ADA accessible.	There is no designated handicap-accessible parking at the Bogalusa VA Outpatient Clinic as required by ADA.
	The furnishings are clean and in good repair.	
	The CBOC is clean.	
	The CBOC maintains a written, current inventory of hazardous materials and waste that it uses, stores, or generates.	
	An alarm system and/or panic buttons are installed in high-risk areas (e.g., MH clinic).	
	Alcohol hand wash or soap dispenser and sink are available in the examination rooms.	
	Sharps containers are secured.	
	Safety needle devices are available.	
	The CBOC has a separate storage room for storing medical (infectious) waste.	
	The CBOC conducts fire drills (at least every 12 months).	
	Means of egress from the building are unobstructed.	
	Access to fire alarm pull stations is unobstructed.	
	Access to fire extinguishers is unobstructed.	
	The CBOC has signs identifying the locations of fire extinguishers.	
	Exit signs are visible from any direction.	
	No expired medications were noted during the onsite visit.	

NM	Areas Reviewed	Findings
	All medications are secured from unauthorized access.	
	Personally identifiable information is protected on laboratory specimens during transport so that patient privacy is maintained.	
	Adequate privacy is provided to patients in examination rooms.	
	Documents containing personally identifiable information are not lying around, visible, or unsecured.	
	Window coverings provide privacy.	
	The CBOC has a designated examination room for women veterans.	
	Adequate privacy is provided to women veterans in the examination room.	
	The information technology network room/server closet is locked.	
	All computer screens are locked when not in use.	
	Staff use privacy screens on monitors to prevent unauthorized viewing in high-traffic areas.	
	EOC rounds are conducted semi-annually (at least twice in a 12-month period).	
	The CBOC has an automated external defibrillator.	
	Safety inspections are performed on the CBOC medical equipment in accordance with Joint Commission standards.	
	The parent facility includes the CBOC in required education, training, planning, and participation leading up to the annual disaster exercise.	
	The parent facility's Emergency Management Committee evaluates CBOC emergency preparedness activities, participation in annual disaster exercise, and staff training/education relating to emergency preparedness requirements.	

Recommendation

1. We recommended that the Bogalusa VA Outpatient Clinic designates handicap-accessible parking spaces as required by the ADA.

AUD

The purpose of this review was to determine whether the facility's CBOCs and PCCs complied with selected alcohol use screening and treatment requirements.²

We reviewed relevant documents. We also reviewed 40 EHRs and validated findings with key managers and staff. The table below shows the areas reviewed for this topic. The areas marked as NM did not meet applicable requirements and needed improvement.

Table 3. AUD

NM	Areas Reviewed	Findings
	Alcohol use screenings are completed during new patient encounters, and at least annually.	
X	Diagnostic assessments are completed for patients with a positive alcohol screen.	Staff did not complete diagnostic assessments for 8 (20 percent) of 40 patients who had positive alcohol use screens.
	Education and counseling about drinking levels and adverse consequences of heavy drinking are provided for patients with positive alcohol screens and drinking levels above National Institute of Alcohol Abuse and Alcoholism guidelines.	
	Documentation reflects the offer of further treatment for patients diagnosed with alcohol dependence.	
	For patients with AUD who decline referral to specialty care, CBOC/PCC staff monitored them and their alcohol use.	
	Counseling, education, and brief treatments for AUD are provided within 2 weeks of positive screening.	
X	CBOC/PCC RN Care Managers have received MI training within 12 months of appointment to PACT.	We found that 16 (52 percent) of 31 RN Care Managers did not receive MI training within 12 months of appointment to PACT.
X	CBOC/PCC RN Care Managers have received National Center for Prevention approved health coaching training (most likely TEACH for Success) within 12 months of appointment to PACT.	We found that 22 (71 percent) of 31 RN Care Managers did not receive health coaching training within 12 months of appointment to PACT.
	The facility complied with any additional elements required by VHA or local policy.	

Recommendations

2. We recommended that CBOC/PCC staff consistently complete diagnostic assessments for patients with a positive alcohol screen.

3. We recommended that CBOC/PCC RN Care Managers receive MI and health coaching training within 12 months of appointment to PACTs.

MM

The purpose of this review was to determine whether appropriate clinical oversight and education were provided to outpatients prescribed oral fluoroquinolone antibiotics.³

We reviewed relevant documents. We also reviewed 36 EHRs and validated findings with key managers and staff. The table below shows the areas reviewed for this topic. The areas marked as NM did not meet applicable requirements and needed improvement.

Table 4. Fluoroquinolones

NM	Areas Reviewed	Findings
X	Clinicians documented the medication reconciliation process that included the fluoroquinolone.	We did not find documentation that medication reconciliation included the newly prescribed fluoroquinolone in 15 (42 percent) of 36 patient EHRs.
	Written information on the patient's prescribed medications was provided at the end of the outpatient encounter.	
	Medication counseling/education for the fluoroquinolone was documented in the patients' EHRs.	
X	Clinicians documented the evaluation of each patient's level of understanding for the education provided.	Clinicians did not document the level of understanding for 17 (47 percent) of 36 patients.
	The facility complied with local policy.	

Recommendations

4. We recommended that staff document that medication reconciliation be completed at each episode of care where the newly prescribed fluoroquinolone is administered, prescribed, or modified.

5. We recommended that staff document the evaluation of each patient's level of understanding for the medication education provided.

DWHP Proficiency

The purpose of this review was to determine whether the facility’s CBOCs and PCCs complied with selected DWHP proficiency requirements.⁴

We reviewed the facility self-assessment, VHA and local policies, Primary Care Management Module data, and supporting documentation for DWHPs’ proficiencies. The table below shows the areas reviewed for this topic. The facility generally met requirements. We made no recommendations.

Table 5. DWHP Proficiency

NM	Areas Reviewed	Findings
	CBOC and PCC DWHPs maintained proficiency requirements.	
	CBOC and PCC DWHPs were designated with the WH indicator in the Primary Care Management Model.	

CBOC Profiles

This review evaluates the quality of care provided to veterans at all of the CBOCs under the parent facility's oversight.^c The table below provides information relative to each of the CBOCs.

Location	State	Station #	Locality ^e	CBOC Size ^f	Uniques ^d				Encounters ^d			
					MH ^g	PC ^h	Other ⁱ	All	MH ^g	PC ^h	Other ⁱ	All
Baton Rouge	LA	629BY	Urban	Very Large	2,770	8,393	11,214	11,969	17,703	23,040	75,548	116,291
Houma	LA	629GA	Urban	Mid-Size	1,470	3,684	3,023	4,166	7,502	6,631	8,139	22,272
Slidell	LA	629GC	Urban	Mid-Size	1,066	2,809	2,781	3,956	5,433	6,353	16,019	27,805
Hammond	LA	629GB	Urban	Mid-Size	1,225	2,654	2,645	3,498	5,625	7,033	9,600	22,258
St. Johns	LA	629GD	Rural	Mid-Size	595	1,507	1,394	2,025	4,345	3,499	5,658	13,502
Bogalusa	LA	629GF	Rural	Small	262	1,027	585	1,073	1,343	2,254	1,224	4,821
Franklin	LA	629GE	Rural	Small	180	715	562	795	865	1,596	1,427	3,888

^c Includes all CBOCs in operation before March 31, 2013.

^d Unique patients and Total Encounters – Source: MedSAS outpatient files; completed outpatient appointments indicated by a valid stop code during the July 1, 2012, through June 30, 2013, timeframe at the specified CBOC.

^e http://vaww.pssg.med.va.gov/PSSG/DVDC/FY2013_Q1_VAST.xlsx

^f Based on the number of unique patients seen as defined by VHA Handbook 1160.01, *Uniform Mental Health Services in VA Medical Centers and Clinics*, September 11, 2008, the size of the CBOC facility is categorized as very large (> 10,000), large (5,000-10,000), mid-size (1,500-5,000), or small (< 1,500).

^g Mental Health includes stop codes in the 500 series, excluding 531 and 563, in the primary position.

^h Primary Care includes the stop code list in the primary position: 323 – Primary Care; 322 – Women's Clinic; 348 – Primary Care Group; 350 – Geriatric Primary Care; 531 – MH Primary Care Team-Individual; 563 – MH Primary care Team-Group; 170 – Home Based Primary Care (HBPC) Physician.

ⁱ All other non-Primary Care and non-MH stop codes in the primary position.

CBOC Services Provided

In addition to primary care integrated with WH and MH care, the CBOCs provide various specialty care, ancillary, and tele-health services. The following table lists the services provided at each CBOC.^j

CBOC	Specialty Care Services^k	Ancillary Services^l	Tele-Health Services^m
Baton Rouge	Dental Dermatology Podiatry Ophthalmology Gastroenterology Neurology	Laboratory Rehabilitation Radiology Prosthetics/Orthotics Audiology Respiratory Therapy Computer Tomography Diabetic Retinal Screening Nutrition Pulmonary Function Test Social Work MOVE! Program ⁿ	Tele Primary Care
Houma	Dermatology	Radiology Nutrition Diabetic Retinal Screening MOVE! Program	Tele Primary Care
Slidell	Obstetrics/Gynecology Dermatology	Diabetic Retinal Screening Nutrition	Tele Primary Care
Hammond	Dermatology	Audiology Nutrition Social Work MOVE! Program Diabetic Retinal Screening	Tele Primary Care
St. Johns	Orthopedics Dermatology	Social Work MOVE! Program Nutrition	Tele Primary Care
Bogalusa	---	Diabetic Retinal Screening	Tele Primary Care
Franklin	---	---	Tele Primary Care

^j Source: MedSAS outpatient files; the denoted Specialty Care and Ancillary Services are limited to Primary Clinic Stops with a count ≥ 100 encounters during the July 1, 2012, through June 30, 2013, timeframe at the specified CBOC.

^k Specialty Care Services refer to non-Primary Care and non-MH services provided by a physician.

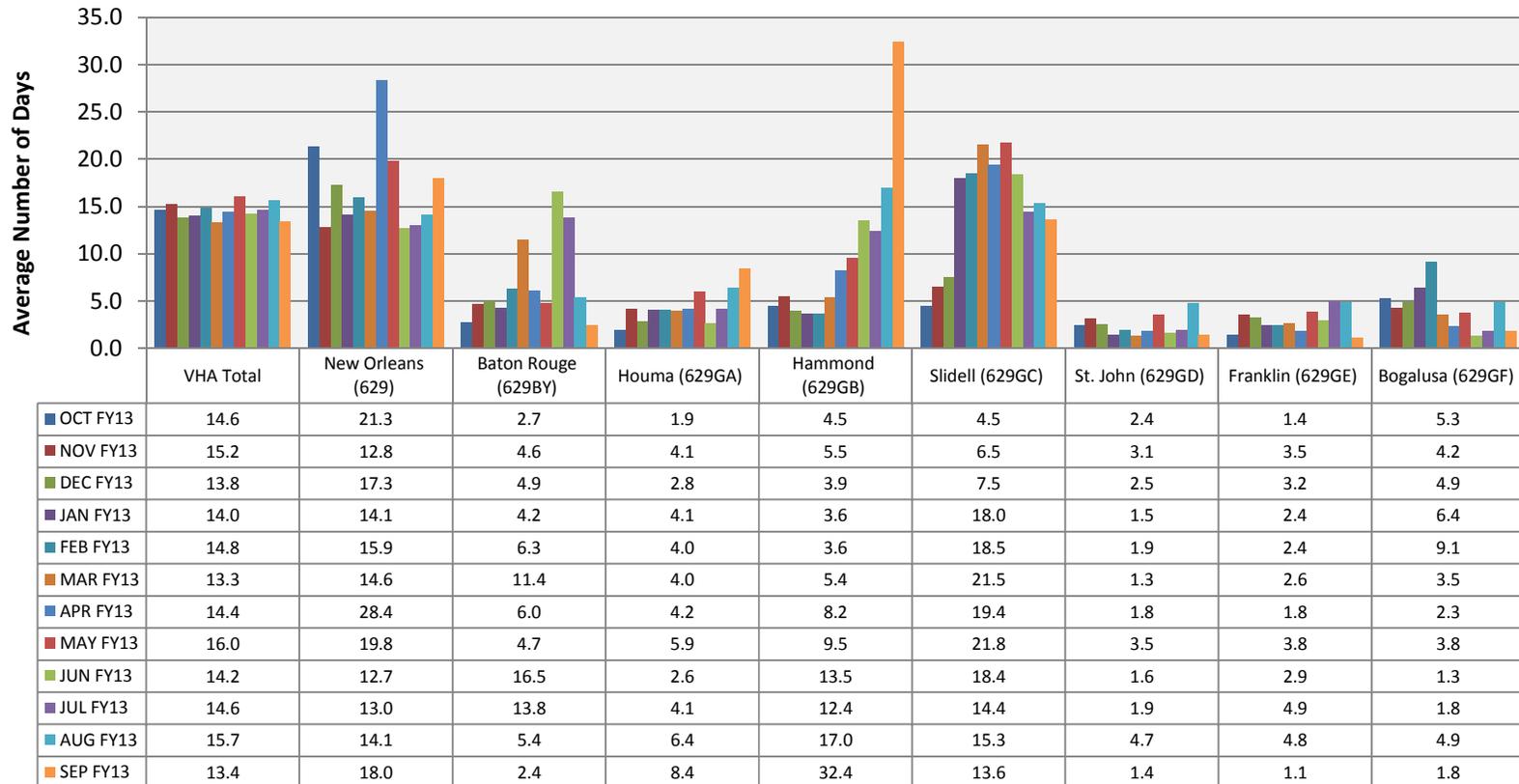
^l Ancillary Services refer to non-Primary Care and non-MH services that are not provided by a physician.

^m Tele-Health Services refer to services provided under the VA Telehealth program (<http://www.telehealth.va.gov/>)

ⁿ VHA Handbook 1120.01, *MOVE! Weight Management Program for Veterans*, March 31, 2011.

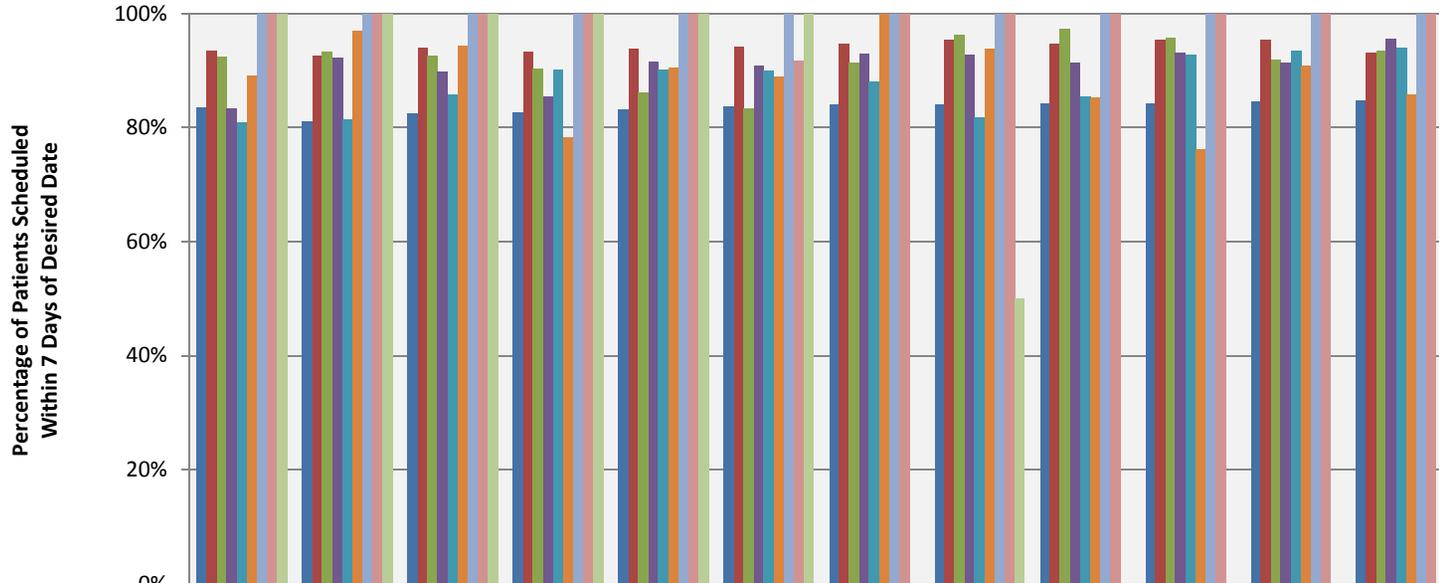
PACT Compass Metrics

FY 2013 Average 3rd Next Available in PC Clinics



Data Definition.⁵ The average waiting time in days until the next third open appointment slot for completed primary care appointments in stop code 350. Completed appointments in stop code 350 for this metric include completed appointments where a 350 stop code is in the primary position on the appointment or one of the telephone stop codes is in the primary position, and 350 stop code is in the secondary position. The data is averaged from the national to the division level.

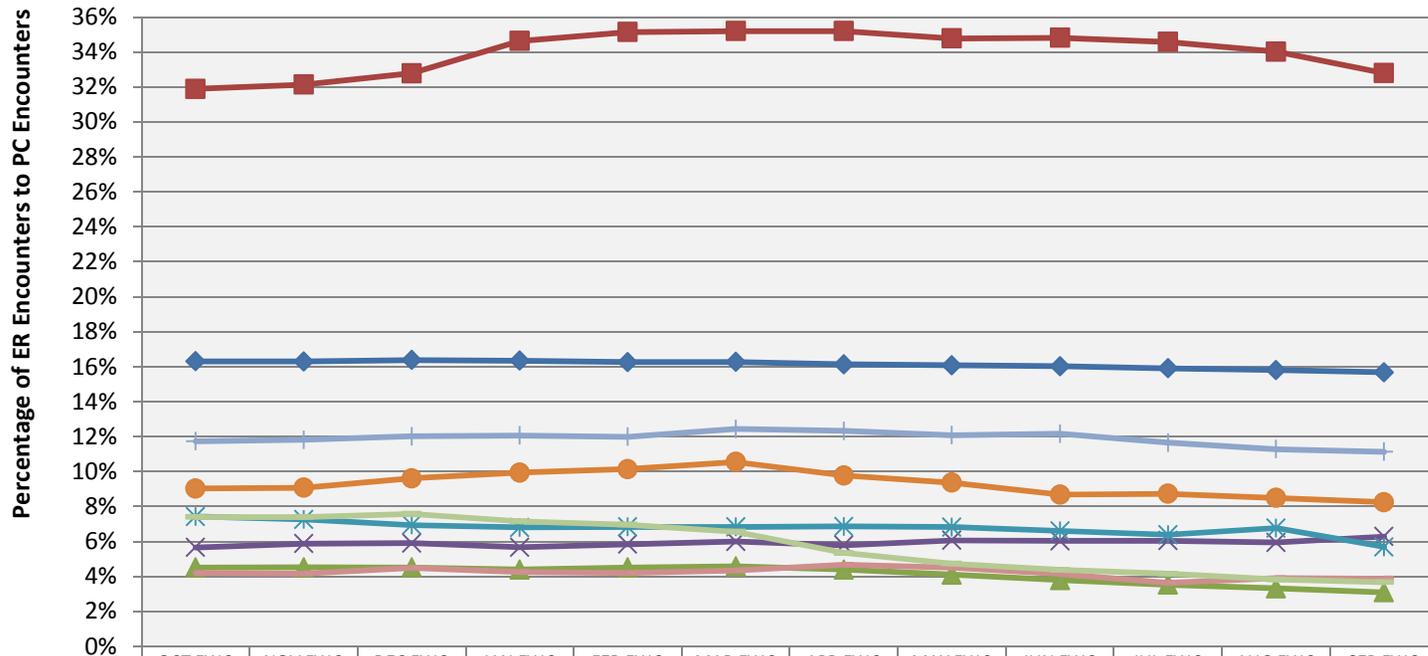
FY 2013 Established PC Prospective Wait Times 7 Days



	OCT FY13	NOV FY13	DEC FY13	JAN FY13	FEB FY13	MAR FY13	APR FY13	MAY FY13	JUN FY13	JUL FY13	AUG FY13	SEP FY13
VHA Total	83.5%	81.1%	82.4%	82.6%	83.2%	83.6%	84.0%	84.0%	84.1%	84.3%	84.5%	84.7%
New Orleans (629)	93.5%	92.6%	94.0%	93.3%	93.8%	94.2%	94.7%	95.3%	94.7%	95.4%	95.3%	93.1%
Baton Rouge (629BY)	92.3%	93.4%	92.6%	90.4%	86.2%	83.4%	91.3%	96.2%	97.4%	95.7%	91.9%	93.5%
Houma (629GA)	83.4%	92.2%	89.7%	85.5%	91.6%	90.8%	93.0%	92.7%	91.4%	93.1%	91.4%	95.6%
Hammond (629GB)	80.9%	81.3%	85.8%	90.1%	90.2%	89.9%	88.1%	81.8%	85.5%	92.8%	93.5%	93.9%
Slidell (629GC)	89.1%	97.1%	94.3%	78.3%	90.5%	88.9%	100.0%	93.8%	85.2%	76.2%	90.9%	85.7%
St. John (629GD)	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Franklin (629GE)	100.0%	100.0%	100.0%	100.0%	100.0%	91.7%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Bogalusa (629GF)	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		50.0%				

Data Definition.⁵ The percent of patients scheduled within 7 days of the desired date. Data source is the Wait Times Prospective Wait Times measures. The total number of scheduled appointments for primary care-assigned patients in PCCs 322, 323 and 350. Data is collected twice a month on the 1st and the 15th. Data reported is for the data pulled on the 15th of the month. There is no FY to date score for this measure. Blank cells indicate the absence of reported data.

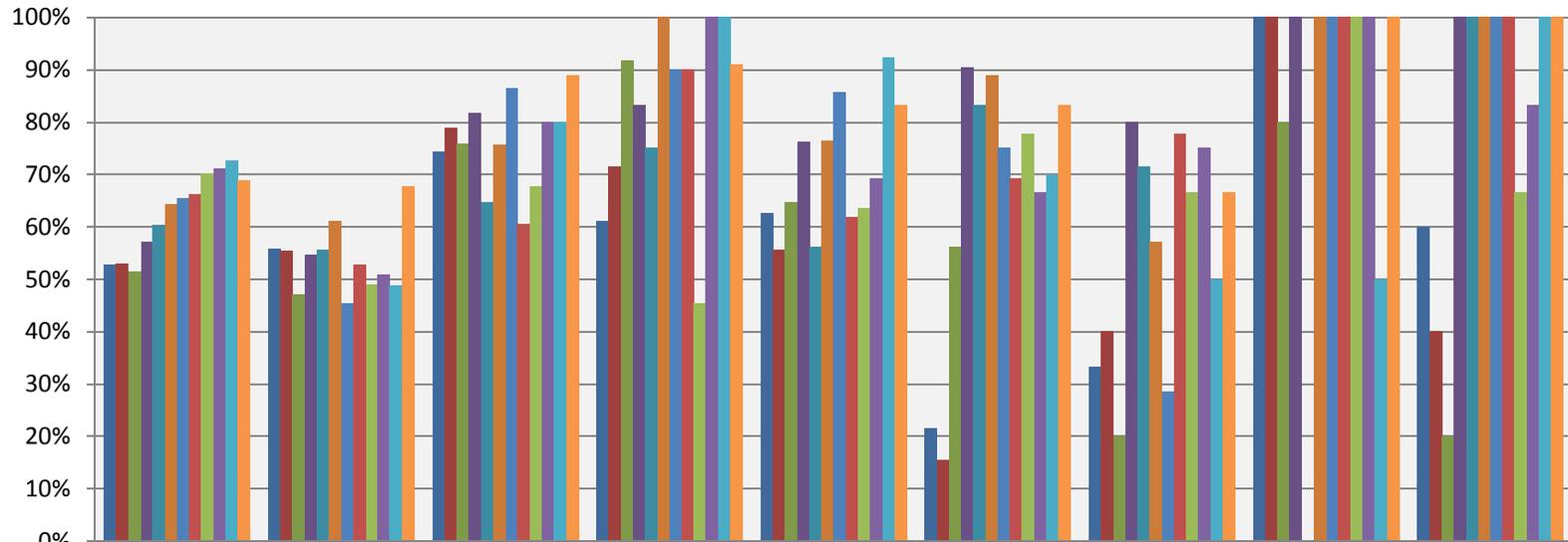
FY 2013 Ratio of ER Encounters While on Panel to PC Encounters While on Panel (FEE ER Included)



	OCT FY13	NOV FY13	DEC FY13	JAN FY13	FEB FY13	MAR FY13	APR FY13	MAY FY13	JUN FY13	JUL FY13	AUG FY13	SEP FY13
VHA Total	16.3%	16.3%	16.4%	16.3%	16.3%	16.3%	16.1%	16.1%	16.0%	15.9%	15.8%	15.7%
New Orleans (629)	31.9%	32.1%	32.8%	34.6%	35.1%	35.2%	35.2%	34.8%	34.8%	34.6%	34.0%	32.8%
Baton Rouge (629BY)	4.5%	4.5%	4.5%	4.4%	4.5%	4.6%	4.4%	4.1%	3.8%	3.5%	3.3%	3.1%
Houma (629GA)	5.7%	5.9%	5.9%	5.7%	5.8%	6.0%	5.8%	6.1%	6.0%	6.0%	5.9%	6.3%
Hammond (629GB)	7.4%	7.3%	6.9%	6.8%	6.8%	6.8%	6.9%	6.8%	6.6%	6.4%	6.8%	5.7%
Slidell (629GC)	9.0%	9.1%	9.6%	9.9%	10.1%	10.5%	9.8%	9.4%	8.7%	8.7%	8.5%	8.2%
St. John (629GD)	11.7%	11.8%	12.0%	12.1%	12.0%	12.4%	12.3%	12.1%	12.2%	11.6%	11.3%	11.1%
Franklin (629GE)	4.2%	4.2%	4.5%	4.3%	4.2%	4.3%	4.7%	4.5%	4.1%	3.6%	3.9%	3.9%
Bogalusa (629GF)	7.4%	7.4%	7.6%	7.2%	7.0%	6.6%	5.3%	4.7%	4.4%	4.2%	3.8%	3.7%

Data Definition.⁵ This is a measure of where the patient receives his or her primary care and by whom. A low percentage is better. The formula is the total VHA ER/Urgent Care/FEE ER Encounters WOP (including FEE ER visits) *divided by* the number of primary care encounters WOP with the patient's assigned primary care (or associate) provider plus the total VHA ER/Urgent Care/FEE ER Encounters (including FEE ER visits) WOP plus the number of primary care encounters WOP with a provider other than the patient's primary care provider/associate provider.

FY 2013 2-Day Contact Post Discharge Ratio



	VHA Total	New Orleans (629)	Baton Rouge (629BY)	Houma (629GA)	Hammond (629GB)	Slidell (629GC)	St. John (629GD)	Franklin (629GE)	Bogalusa (629GF)
■ OCT FY13	52.8%	55.8%	74.4%	61.1%	62.5%	21.4%	33.3%	100.0%	60.0%
■ NOV FY13	52.9%	55.4%	78.9%	71.4%	55.6%	15.4%	40.0%	100.0%	40.0%
■ DEC FY13	51.5%	47.0%	75.9%	91.7%	64.7%	56.3%	20.0%	80.0%	20.0%
■ JAN FY13	57.2%	54.6%	81.8%	83.3%	76.2%	90.5%	80.0%	100.0%	100.0%
■ FEB FY13	60.4%	55.6%	64.7%	75.0%	56.3%	83.3%	71.4%		100.0%
■ MAR FY13	64.4%	61.1%	75.6%	100.0%	76.5%	88.9%	57.1%	100.0%	100.0%
■ APR FY13	65.5%	45.5%	86.5%	90.0%	85.7%	75.0%	28.6%	100.0%	100.0%
■ MAY FY13	66.1%	52.7%	60.6%	90.0%	61.9%	69.2%	77.8%	100.0%	100.0%
■ JUN FY13	70.1%	48.9%	67.7%	45.5%	63.6%	77.8%	66.7%	100.0%	66.7%
■ JUL FY13	71.1%	50.8%	80.0%	100.0%	69.2%	66.7%	75.0%	100.0%	83.3%
■ AUG FY13	72.7%	48.7%	80.0%	100.0%	92.3%	70.0%	50.0%	50.0%	100.0%
■ SEP FY13	68.9%	67.7%	88.9%	90.9%	83.3%	83.3%	66.7%	100.0%	100.0%

Data Definition.⁵ Total Discharges Included in 2-day Contact Post Discharge Ratio: The total VHA and FEE Inpatient Discharges for assigned primary care patients for the reporting timeframe. Discharges resulting in death and discharges where a patient is readmitted within 2 days of discharge are excluded from this metric. The blank cell indicates the absence of reported data.

VISN Director Comments

**Department of
Veterans Affairs**

Memorandum

Date: January 8, 2014

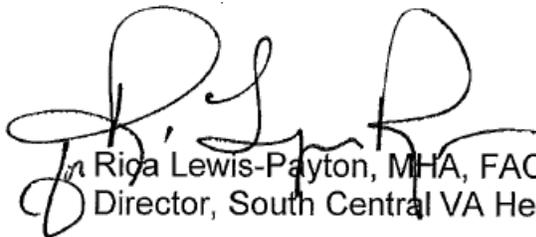
From: Director, South Central VA Health Care Network (10N16)

Subject: **CBOC and PCC Reviews of the Southeast Louisiana
Veterans Health Care System, New Orleans, LA**

To: Director, Dallas Office of Healthcare Inspections (54DA)

Director, Management Review Service
(VHA 10AR MRS OIG CAP CBOC)

1. The South Central VA Health Care Network (VISN 16) has reviewed and concurs with the CBOC draft report submitted by the Southeast Louisiana Veterans Health Care System, New Orleans, LA.
2. If you have questions regarding the information submitted, please contact Reba T. Moore, VISN 16 Accreditation Specialist at (601) 206-7022.



Reba Lewis-Payton, MHA, FACHE
Director, South Central VA Health Care Network (10N16)

Facility Director Comments

**Department of
Veterans Affairs**

Memorandum

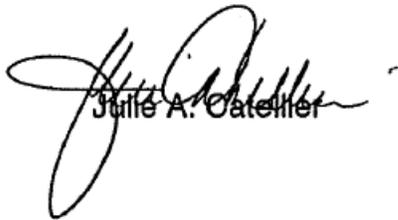
Date: January 6, 2014

From: Director, Southeast Louisiana Veterans Health Care System
(629/00)

Subject: **CBOC and PCC Reviews of the Southeast Louisiana
Veterans Health Care System, New Orleans, LA**

To: Director, South Central VA Health Care Network (10N16)

In response to the New Orleans CBOC Draft Report, the Southeast Louisiana Veterans Health Care System concurs with the findings, and submits the attached comments as per the instructions.



Julie A. Cateher

Comments to OIG's Report

The following Director's comments are submitted in response to the recommendations in the OIG report:

OIG Recommendations

Recommendation 1. We recommended that the Bogalusa VA Outpatient Clinic designates handicap-accessible parking spaces as required by the ADA.

Concur

Target date for completion: January 31, 2014

Facility response: A determination of responsibility for placement of the "striping" lines for the anterior parking space between Valor Healthcare and the City of Bogalusa, Louisiana revealed that it is the responsibility of Valor Healthcare to comply with the recommendation.

A Valor Healthcare contractor is set to evaluate, plan and start the project on January 6, 2014 and there is written confirmation of a completion date on or before January 31, 2014.

Recommendation 2. We recommended that CBOC/PCC staff consistently complete diagnostic assessments for patients with a positive alcohol screen.

Concur

Target date for completion: April 1, 2014

Facility response: Every 4 weeks Quality Management will run a CPRS report of 50 positive Audit C Screens and a 2nd corresponding CPRS report with results of the Audit C assessment for each of the same 50 patients. In the event there are less than 50 positive Audit-C screens reported in a specific 4-week period, QM will audit the total number of positive Audit C screens available in the report. The audits will be performed and monitored monthly until 95% compliance is reached.

Assessment performed on patients who screened positive For Audit C per month
Positive Audit C screenings performed per month = % Compliance

Recommendation 3. We recommended that CBOC/PCC RN Care Managers receive MI and health coaching training within 12 months of appointment to PACTs.

Concur

Target date for completion: April 1, 2014

Facility Response: RN Supervisory Managers in all SLVHCS clinics will include this training as a component of new employee orientation for RN Care Managers assigned unit/PACT team within the first 6 months of orientation for all RN Care Managers.

Once the RN Supervisory Manager assigns a RN Care Manager to the TEACH course, the employee will be directed to go into Talent Management System (TMS) and select the date of the course into which they wish to be scheduled. The employee is scheduled into the class by Work Force Development Staff, who then “assigns” it to the employee in TMS.

By assigning the training in TMS, a deficiency report can be tracked as a basis for compliance. The deficiency report will be sent to the Chiefs of Ambulatory and Primary Care and the Quality Manager monthly to ensure staff who are deficient receive the training.

Currently 34 out of 47, or 72.3% completed MI Training, and 23 out of 47, or 48.9% completed TEACH.

QM will monitor the TMS compliance report for TEACH and MI monthly to ensure 100% compliance.

$$\frac{\text{Number of RN Care Managers requiring MI and TEACH training monthly}}{\text{Number of RN Care Managers with MI and TEACH training completed monthly}} = \% \text{ Compliance}$$

Recommendation 4. We recommended that staff document that medication reconciliation be completed at each episode of care where the newly prescribed fluoroquinolone is administered, prescribed, or modified.

Concur

Target date for completion: June 1, 2014

Facility response: Quality Management will review monthly 100% of Fluoroquinolones prescribed. Compliance will be determined based on the number of documented medication reconciliations over the number of Fluoroquinolones prescribed. The monitoring will continue until at least 90% are in compliance.

The current CPRS template is being revised to include a clinical reminder for medication reconciliation where newly prescribed Fluoroquinolone is administered, prescribed, or modified allowing the provider to indicate that Medication Reconciliation for Fluoroquinolones has occurred.

$$\frac{\text{Number of documented medication reconciliation for newly administered/prescribed/modified Fluoroquinolone's per month}}{\text{Number of newly administered/prescribed/modified Fluoroquinolone's per month}} = \% \text{ Compliance}$$

Recommendation 5. We recommended that staff document the evaluation of each patient’s level of understanding for the medication education provided.

Concur

Target date for completion: June 1, 2014

Facility response: The current CPRS template is being revised to include a clinical reminder for patient level of understanding where newly prescribed Fluoroquinolone's are administered, prescribed, or modified. The template will allow the provider to indicate that medication reconciliation and patient level of understanding of the education provided has been assessed and recorded for Fluoroquinolones.

Documentation of provider assessment of patient
level of understanding for the medication prescribed

Number of newly prescribed Fluoroquinolones = % Compliance

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Endnotes

¹ References used for the EOC review included:

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- VHA Handbook 1850.05, *Interior Design Operations and Signage*, July 1, 2011.

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³ References used for the Medication Management review included:

- VHA Directive 2011-012, *Medication Reconciliation*, March 9, 2011.
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⁴ References used for the DWHP review included:

- VHA Deputy Under Secretary for Health for Operations and Management, Memorandum: *Health Care Services for Women Veterans*, Veterans Health Administration (VHA) Handbook 1330.01; Women's Health (WH) Primary Care Provider (PCP) Proficiency, July 8, 2013.
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⁵ Reference used for PACT Compass data graphs:

- Department of Veterans' Affairs, *Patient Aligned Care Teams Compass Data Definitions*, August 29, 2013.